



**Greenbrier Valley
Medical Center**

Vandalia Health

1320 Maplewood Ave | Ronceverte WV 249708016

CER-1022

**Amount Due:
\$100.11**

Encounter Summary

Account Name	UROTELEBEC ZZCERT
Encounter Number	5000003332
Total Charges	\$213.00
Patient Payments/Adjustments	-\$112.89
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	09/08/2023

Patient Balance **\$100.11**

Messages

We've received no payment and this balance is seriously delinquent and will soon be placed with our collections, which may impact your credit report. Please send payment in full or call Customer Service at 304-388-7530 to make payment arrangements.



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Vandalia Health

1320 Maplewood Ave | Ronceverte WV 249708016

Patient Statement

For help with billing questions, please call: (304) 388-7530
Office Hours: 8:00AM-4:30PM Mon-Fri

ADDRESSEE:

UROTELEBEC ZZCERT

1200 J D ANDERSON DR

MORGANTOWN WV 26505-3494

Online Bill Pay

A fast, convenient way
to manage your bill



www.camc.org/paymybill

Additional Information



Thank you for being a patient with us!

The person responsible for this bill may be entitled to financial assistance that reduces the amount owed or eliminates it entirely depending on the responsible person's income level and assets.



If you would like to get more information about CAMC's Financial Assistance Program or to make payment arrangements, please contact Customer Service by calling 304-388-7530 or visiting our website at www.CAMC.org.



Make a one-time payment online!

www.camc.org/paymybill

Account Name:

UROTELEBEC
ZZCERT

Encounter Number:

5000003332

Due Date:

09/08/2023

Amount Due:

\$100.11

Amount Paid:

\$ _____

MAKE CHECKS PAYABLE AND REMIT TO:

CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819

01000500382624500000000100112



Date	Service Description	Charges	Payments/Adjustments	Patient Balance
	Date of Service (06/28/23) UROTELEBEC ZZCERT <i>Encounter #: 5000003332</i>			
6/28/23	51720 - Bladder Instillation Anticarcinogenic Agent	\$1.00		
6/28/23	99214 - PF Office Visit Level 4 Est	\$211.00		
6/28/23	51720 - Bladder Instillation Anticarcinogenic Agent	\$1.00		
6/28/23	Uninsured Discount		-\$112.89	
	Patient Balance			\$100.11

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CER-1022

**Amount Due:
\$155.57**

Encounter Summary

Account Name	ENTMASSSUM ZZCERT
Encounter Number	5000003691
Total Charges	\$331.00
Patient Payments/Adjustments	-\$175.43
Total Insurance Payments	\$0.00
Total Insurance Adjustments	\$0.00
Due Date	09/08/2023

Patient Balance **\$155.57**

Messages

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Patient Statement

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ADDRESSEE:

ENTMASSSUM ZZCERT

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Additional Information



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Make a one-time payment online!

www.camc.org/paymybill

Account Name:

ENTMASSSUM
ZZCERT

Encounter Number:

5000003691

Due Date:

09/08/2023

Amount Due:

\$155.57

Amount Paid:

\$ _____

MAKE CHECKS PAYABLE AND REMIT TO:

CHARLESTON AREA MEDICAL CENTER
PO BOX 37819
BALTIMORE MD 21297-7819

01000500382624400000000155574

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
7/20/23	Date of Service (07/20/23) ENTMASSSUM ZZCERT <i>Encounter #: 5000003691</i>			
7/25/23	Office Visit Level 3 New 99203 Uninsured Discount Patient Balance	\$331.00	-\$175.43	\$155.57

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